NECO | New England College of Optometry
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Photo/Multimedia Release Form & Authorization

I hereby grant the New England College of Optometry (NECO) and NECO Center for Eye Care (together being the "College"), the right to use all audio, photographic, video, or other visual images of me without any restriction, for any educational, instructional, marketing, trade, exhibition, promotional, or other lawful purpose related to the business and educational mission of the College. This includes but is not limited to all print and digital publications, multimedia presentations, and websites.

I hereby grant the College permission to use my statements that were given during an interview or guest lecture with or without my name, and/or to use my likeness in any and all media, whether now known or hereafter existing, controlled by the College, in perpetuity, and for other use by the College. I waive my right to any compensation or copyright, and this authorization is binding upon my heirs, successors, assigns, and legal representatives.

I understand that, although NECO will endeavor to use My Likeness in accordance with standards of good judgment, NECO cannot warrant or guarantee that any further dissemination of My Likeness will be subject to NECO supervision or control. Accordingly, I release NECO from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this authorization.

I am 18 years of age and am competent to contract in my name. As legal guardian, I consent for subjects under the age of 18 listed below.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I consent to (check one) :

❒ All purposes **❒ Educational/Instructional Purposes only** **❒ Marketing, Communications only**

_____ _____
Print Name Date of Birth

_____ Date_____
Signature, if over 18 years of age

_____
Parent/Guardian's Printed Name if subject is under 18

_____ Date _____
Parent/Guardian's Signature

Full Address of Participant or Guardian – Street, City, State, Zip:
_____

Phone # _____ Email Address: _____